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THE CLINICAL STUDY AND TREATMENT OF NORMAL AND ABNORMAL DEVELOPMENT

A PSYCHOLOGICAL CLINIC

BY LIGHTNER WITMER, PH.D.,

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I have said to the president of the American Academy that I would demonstrate for the benefit of the members of the Academy, the nature of the work which is being conducted here under the caption of the Psychological Clinic.

In the time at our disposal it will be impossible for me to give you more than a very superficial view. Some of you doubtless are interested in the scientific aspects of the problem. You would like to know what a psychologist is doing, what are the tests which he applies. This phase of the work I shall not be able to demonstrate. The tests which I shall make here this morning are very simple indeed, and are intended merely to put before you a few of the multifarious aspects of the problems with which we have to deal. They will have the purpose of making you acquainted with some of the physical and mental characteristics of the children in whom we are interested. I am going to proceed this morning just as I would in an ordinary clinic.

This little girl, whom I know quite well, has consented to come here this morning and make one or two of these simple tests.

(Professor Witmer takes the form board, which is a shallow oblong tray of light oak, having depressions of various shapes in its surface, into which fit ten blocks of dark walnut shaped like the depressions,—a square, circle, triangle, star, cross, semi-circle, and so on. He removes the blocks from their places and throws them on the table.)

Q. I am going to give you a new name this morning; you are going to be called Gertrude. What is your name going to be this morning?

A. Gertrude.

Q. Now if I make a mistake and call you by any other name, don't you answer. Gertrude, will you put these blocks back again? Do it just as quickly as you can.

It is an extremely simple test, but a very valuable one for those on the border line between normality and abnormality. The fact that she uses her vision and hands co-ordinately and without hesitation is proof enough in my opinion that the child is of approximately normal intelligence. Now I am going to ask a few questions.

Q. What is that (showing Gertrude a doll)?

A. A doll.

Q. What is that (showing her a toy dog)?

A. That is a dog.

Q. Have you a dog yourself?

A. No.

(Miss Elliott and Fannie enter, and the former is warmly greeted by Gertrude.)

This demonstration is just as important a disclosure of character as any test we may give.

Fannie, you take those blocks out (spoken in a low tone).

This child is deaf. I was lowering my tone in order to bring out that fact. She seems to be hearing quite well this morning, Miss Elliott.

(Miss Elliott.) Some days she can hear very well, and sometimes not so well. Sometimes it is normal.

It seems very nearly normal to-day.

(Miss Elliott.) In this kind of weather you might say it is all right.

Fannie, take up the doll for me. (Repeated louder and louder.)

Pick up the doll. (She does so.) Sit down in your chair. (She does so.)

Her hearing is very much better this morning than it usually appears to be.

Fannie, would you be willing to read a little for us? I do not know whether you have this reader in your school.

(Fannie reads.) See—my doll's—f—nny—carriage.

She has a lisping voice, that is a defect of articulation.

(Fannie reads.) I—have—brought—the—doll—with—me.

That will do Fannie, much obliged.

I want to say that the appearance of this child here before this large assembly, her ability to read before you, is really surprising to me. When I first saw this child about two years ago, she was one of the shyest children I have ever encountered, in fact part of her trouble was shyness. That shyness was bred of continued failure, without any doubt, and the reason this child is able to appear here this morning and read a few sentences, meagre as the performance may appear to you for a child of her age, is due to the fact that she has had the encouragement of success; she has been shown that she is able to do something.

Another cause of shyness was deafness. Originally her hearing was about one-fourth normal, perhaps worse than that. To-day it has considerably improved. Defective hearing produces shyness.

Defective hearing also produces other characteristics which were marked in this child,—sullenness and stubbornness. It was at first impossible for us, even in the quiet of the recitation room, with only one or two children, to get anything out of her at all.

These fits of sullenness and stubbornness were pathological, in the sense that they would come on apparently without sufficient cause, and would persist for half an hour or an hour. They were overcome simply through improvement in physical condition, and through subjection to the proper kind of educational treatment. I mention the fact because I want you to observe her actions here this morning. She is apparently a perfectly self-possessed

child, not at all shy, not at all sullen. The first time I ever showed this child at a clinic of this kind, she positively refused to do anything. She is the kind of child who, in the public school, if sent to the principal simply sits down in a chair or stands absolutely sullen, refusing to answer any question.

Now young man (turning to the boy R. S.), I am going to give you something very easy to do. I am going to ask you to read something for me. (The boy reads very low and hesitatingly. The children are then all sent out of the room.)

I am going to speak to you about these three children, Gertrude, Fannie, and the boy R. S. The boy you saw last is a child who is in course of treatment here. This morning is the second time I have seen him. The first time he came here was April the tenth. He came with a statement from the principal of the school which he was attending, that he was about to be expelled from that school or sent to truant school because of persistent stubbornness. The statement was also made that he is extremely backward in his studies.

He is an overgrown boy of twelve years of age. He is only in the third school year, so he has lost three years of the invaluable six or eight years of school life. He is not likely to get into the high school until he is eighteen, so he will undoubtedly be cut short in his educational work. This boy comes to the Psychological Clinic with the request that I find out what is the matter with him, and send some report to the principal and to his teacher. He is brought to me by his mother, who is perfectly willing to give a complete history. She has a family consisting of a number of girls. This is the first and only boy. Apparently she has always had trouble with him. She is one of those women who are always voluble about their troubles, and in his presence she tells how bad and obstinate he is,—practically giving up the task of discipline before her twelve-year-old boy. She cannot manage him any longer. This boy as I saw him for half an hour, does not appear to me to be a child who could be suspected of mental enfeeblement, and does not look or behave to me like a boy who would be especially difficult to manage.

When a boy comes into the school and manifests obstinacy there, we must remember that his behavior is in large part a product of his home treatment. The discipline of the child should begin the day he is born, and many children show lack of discipline in the schools when eight, fifteen, or perhaps twenty years old, because the initial lack of discipline was in the first, second, or third year of the child's life. These problems are being turned over to the schools. The home is practically asking the school to remedy its defects. We must assist the home in the better training and disciplining of these children before and after they enter school. Part of our work must be to send a competent social worker or teacher into the home.

This mother is perfectly willing to learn. Whether she is competent to learn I do not know. Perhaps she will be very resistive of an education, as many mothers are, but we must try to do it, and undoubtedly we shall find some who can be instructed and assisted. The usual fault is too much affection or too much and ill-advised discipline. Now we see in this boy certain marks or signs which suggest the advisability of suspending judgment for a

while. He is an extremely shy boy, and I wished to say very little about him in his presence, nor did I desire to put him to any test. His heart was beating violently, without a doubt, while he was in the room, and I did not wish to increase the strain in any way, so I let him go quickly.

This boy I suspected of having adenoids. I sent him over to the University Hospital, where a physician diagnosed the presence of adenoids, and on Monday morning he will be operated on for them. In addition he was sent to the medical dispensary, and in this work I may say that we are assisted greatly by Miss Ogilvie, who has charge of the social service department of the University Hospital. When we tell a parent or a teacher to take a child to a medical dispensary for adenoids or medical treatment, we have not assured ourselves that the proper treatment will be accorded to the child. We must follow the child into the dispensary and see that the child really gets the necessary attention. It is a question of time on the physician's part. He is overloaded with work in most dispensaries, and the very child for whom we think it is most important that he should give time and attention, is sometimes the child who may be brushed aside. If I suspect adenoids, and I get a negative report from one dispensary, I sometimes send him to another. Corroborative opinions are particularly necessary where one suspects defective action of the internal organs. It is easy to have adenoids diagnosed and cut out, but it is extremely difficult to find anyone who will make a careful investigation where there is some chronic digestive trouble, and who will give the prolonged and careful treatment which is required in these cases.

This boy seems to be on the verge of going to destruction. He is obstinate, likely to be thrown out of school. He is overgrown, precocious physically. He is already beyond the control of his family. I would say that his condition is just as critical as that of a patient who must be operated upon for appendicitis. Some do not think so. It is a chronic state; he is not going to suffer particularly to-day, to-morrow, or within five years possibly. Nevertheless it is critical, if we are interested in his taking the narrow path in preference to the broad road. We must see, therefore, that these children obtain the kind of medical treatment which we believe necessary for them. This child is reported from the University Hospital to have a mild myocarditis, and an arrhythmia of the heart, a fibroid lesion of the heart perhaps not active at the present time.

The redness of the hands was evidence to me of some circulatory disturbance. I am not a physician. I never diagnose,—not even a case of defective vision. My work is simply to find out what are the danger signs displayed in the child's mental and physical make-up, and when I find these danger signs there, I send the child to medical experts for diagnosis and treatment. If it would not overload the dispensaries, I should send every child for a thorough medical examination of eyes, ears, nose and throat, nervous system and internal organs.

This boy may be a moral degenerate for all I know at the present minute, and my work in a large number of cases means suspended judgment for a

time. Trust nobody's report of what the child has been like. One must rely chiefly on what can be found from direct observation and examination.

This other child, Gertrude, is a very interesting case illustrating just this particular point. She was brought to the clinic one morning by Miss Campion, a representative of the Children's Aid Society in this city. She had previously told me that the child came from a county poor-house in the state: that she had been brought by the authorities of that county to the city of Philadelphia with the statement that she was a menace to the other inmates of the institution.

In the care of the Children's Aid Society, the child had been placed in a hospital in this city, and the report from the hospital was that the child was a danger to the other children and they wanted to get rid of her as soon as they could. At the time I first saw her, the child was living in a boarding house in this city, being boarded out by the Children's Aid Society, and the report was made that the woman in charge of the boarding house found it necessary to give the child valerian every day in order to keep her quiet. Gertrude was subject to outbursts of passion, in which she was dangerous to other children of her own age or older, and to adults. With little children the statement was made that she was usually kind, and Miss Campion herself made the same observation.

There was a report from a physician who had examined the child, which warned the Children's Aid against putting her with normal children, and the question was put to me whether I thought there was any likelihood that the care of this child could ever be confided to some family who might be willing to take her for adoption. On her history, no society would be justified in getting anyone to look after the child. When Gertrude first came into the clinic, I felt that this was a case I could dispose of in a moment. I then had before me the physical picture of degeneracy, and at times,—I do not know whether you felt so this morning,—the child's appearance is such that one could easily suspect her of mental and moral degeneracy. But when you receive a report like the reports spread about this child, you may be sure your interpretation of what you see in her face will tend to substantiate the reports. Fifteen minutes' examination showed me that I had to deal with a child not mentally deficient, but rather above than below ordinary mentality. Subsequent observation has confirmed that judgment.

I came to the conclusion that any retardation the child showed in her school work (and she was retarded,—she cannot really read at the present time), was simply due to the fact that she had not been educated. Why, I am not able to say, but it is lack of education, not lack of ability.

As to the existence of moral symptoms, no examination of fifteen minutes can be conclusive. I simply said, "I will have to keep the child under observation." I put her with a woman in whom I had confidence, in order to try her out. Miss Campion succeeded in raising the money for the child's support. After she had been ten days in this house, living with the little girl Fannie, not being a serious menace but nevertheless rather troublesome,—she was entered in the first grade of a public school. She stayed in that grade two months, but did not get on particularly well. The principal reported that

she was troublesome and required too much individual care from the teacher of the grade who had charge of her.

I then took the child into the Hospital School, where she has been for five weeks. She is a source of great trouble to us. She is the most expensive child in the school, in the sense that she takes more of the time of the people who are taking care of those children, than do the others, and the reason, in my opinion, that she is so difficult to handle is because she is so normal. I am ready to be shown that I have made a mistake in this case, but I believe I have ninety-nine chances out of a hundred of being right. Of course, I am expressing a prognosis, and a prognosis in regard to a child's mental and moral future is a risky thing to make, even for a normal child. But I say this child is normal mentally and normal morally, and I think she has the stuff in her to make it possible for her to develop into something worth while. For that very reason, she is difficult to handle in the institutions in which it has pleased society to place her. The child has fight in her. She has been fighting like a rat in a corner. Now your institution child, the one who does nicely, is the one who stays where he is put,—apathetic, a nice child. He is the cheapest child the institutions can possibly handle; he does not require any individual attention.

This child will not stay where she is put. She is very troublesome, always up to something. The more you punish her with violence, the more obstinate and stubborn she becomes.

This child has good concentration of attention. When she is interested in a bicycle or roller-skates, she has that on her mind and nothing else. That is what we want in education. If used in the right way and developed in the right direction, you have something which you will never have in the child who is willing to take up one thing as well as another.

Gertrude is also an extremely imaginative child. While taking her to school one day, she said to my assistant, "Everybody spoils me very much. I suppose that is the reason I am so much trouble." Now if any child had not been spoiled, this one had not, except entirely in the wrong sense of the word. For all I know, she may think she is some little princess. She certainly manifests intense imagination. Thus she walked lame for two or three days at one time, imitating another child in the school, until she was put to bed, which cured her lameness. You saw how well she did here. She entered into the spirit of the occasion and did this work well. I can take a splendid photograph of this child, because she has perfect lack of self-consciousness. She would make a good actress. At the same time she is very emotional and responsive. You saw how she greeted Miss Elliott. She would have greeted Fannie in the same way except for the fact that she has been told she must leave Fannie completely alone.

Now this child is suffering from what I suppose may be called physical degeneracy. She has a few very slight, but yet noticeable marks of the effects of an infectious disease, probably congenital, from which she has recovered, but the effects of which have not been entirely outgrown. This is a physical handicap of a slight sort which the child will probably carry more or less through life. She cannot help it. It is due to the sins and misfortunes

of her father and mother, but for the rest it remains for society to repair that damage, and at the same time to see that this child has a chance in an environment that is suitable for her development.

The other case, Fannie, is the one that I selected for presentation here because it brings up in specific form the social and economic issue. Here is a child, one of seven, of Russian Jewish parentage, living in two or three rooms, brought out here to the clinic two years ago by Miss Stanley, head school nurse in this city. "Is the child feeble-minded?" That was the question, practically, which was asked of me. She had been two years in the first grade and had made no progress, and there was no chance of her being advanced into the grade above. "Is she feeble-minded?" It appeared to me that whatever the answer to that question might be, the first thing in importance was that the child was deaf. She could not hear my questions unless I had her right close to me and yelled in her ear. The next thing in importance was adenoids. The next, that she was suffering from insufficient and improper food.

Now what are you going to do with a case of this sort? For two years I have had her under observation. I take a case of this sort for the purpose of illustration. I do not expect ever to have another case like Fannie. It is too expensive, for one thing. But I do expect to finish up with this case and place it before the community as an illustration of what can be done in certain cases. Here is one of a large number of children. At eight years of age this child was already hit, knocked out by the social and economic environment into which she had been born. Insufficient food and bad air gave her adenoids. The adenoids gave her middle ear disease, and middle ear disease made her deaf. The deafness has been largely corrected, but the child is still deaf. To-day it is surprising to me how well she hears, and it has encouraged me to think that her hearing may be restored to normal, but I have always been very doubtful about that. More than this, the child has been of the greatest interest and stimulus to me from the psychological standpoint. In making out the mental status of a child we have to deal, in the first place, with the senses and activities of the child. For one thing, Fannie lacked the sense of hearing, and she lacked articulation.

We found the first Christmas she was with us, that this eight and a half years' old child did not know the word "bird," and was absurdly ignorant in many other respects, not because she was feeble-minded, but simply because she was deaf. Feeble articulation increased her deafness for words. The sensory and motor sides must be corrected simultaneously.

Every child has a group of,—instincts is about all we can call them,—traits of character if you choose. These traits of character are a result of the development of the child's nervous system. We cannot say whether they are inherited or not. They come into the child as a part of the general inheritance. Imitation is one such instinct; curiosity is another; affection is another. This child, when she came to us, had no affection; she was sullen and apathetic; she was stubborn, showed no signs of vanity, and no imitation,—a sort of cabbage which you might have around in your garden.

It was not psychological treatment that was required by this child.

What was needed was psychological insight in the person who was handling this child, but more than anything else in the world she needed good food. That is what helped to bring her up. She wanted something in her stomach which she could put into her nervous system so that it could grow. Where are you going to get it? I do not know. That is for an Academy like yours to decide. Do not bring social problems like this to the Psychological Laboratory. They do not belong here. The problem is an economic one and must be solved outside. I may be able to put this problem clearly before the community, in order to show that we must reconstruct the community before we can make many a child's mind develop in the proper way.

Fannie, when she came to us, knew nothing at all about affection. When she saw another child cry because she was homesick, Fannie only laughed in the most silly, idiotic way. This was an odd phenomenon. When she was petted, she laughed in the same silly way. At the present time Fannie is one of the most affectionate and demonstrative of children. She is still shy, though. Since she has had clothing and fairly good food she has vanity. Vanity is a most important instinct, both in the man and in the woman.

Take the other child, Gertrude, for instance. Gertrude would go to school washed up, nice and clean, her gloves tied to her coat, and she would come home looking as if a cyclone had struck her. She would not take care of her clothes. In a rich home they would be taken care of for her. It would not be serious in a rich home, but it is serious when you are trying your level best to have her supported at all. But this trait of character should not be used to misjudge the poor child. When we gave her a room, good clothes, and a bureau to put the clothes in, there was no child in the place who took better care of her clothes,—that is, her *good* clothes; she does not take much care of the others; she knows the difference. Gertrude has good taste. She can tell whether she likes a woman's hat, and she can tell you why she likes it. At least that is what the teachers report. I have not had any conversation with her on the subject.

I want now to say a word or two in regard to the general aspects of our work here. I began what I call the Psychological Clinic in 1896. I now use the term "psychological clinic" in three senses. The Psychological Clinic, or dispensary, is a place I have down stairs here. On certain days I am on hand to see children who are sent to us. We try to find out what is wrong, and we send the child to the proper agencies. What we need more than anything else is a number of efficient social workers who will go into the home and show how things should be done, and see that the child goes through the medical dispensaries.

Out of this work has come the Hospital School. That is to say, in the case of certain children like Gertrude, there is no means of finding out what the child's mental and moral status is unless you have had her under observation with the right kind of environment and with competent persons.

If the Psychological Clinic is going to do a large measure of service, it must do it through its education of the entire community. It must, through the reporting of its work and the development of an educational department in connection with a university like this, be able to give instruction to those

who will subsequently continue the work. For that reason I employed the term *Psychological Clinic* as the title of a journal which I started some two years ago, which is growing to be an extremely important factor in the development of this work. I must get reports of the work which we are doing here sent out into the world, and I must try to get people from outside to send reports in to me, so that there may be an interchange of experience and opinion. In this current number of the journal there are two extremely valuable and important articles, both by teachers of special classes. If we can once get the teacher of the special class to become articulate,—not only to do good work, but to talk about it,—if we can get such teachers to study their cases just as a physician studies and reports his cases, I think we shall have gone a long way towards solving the problem.

The psychological laboratory which will solve the problem is either the school room or the social settlement. If we can put the right people in to do the work, and then see that we get the right kind of reports of what they are doing, I shall feel that this work has at least been put upon a basis where it is likely to achieve results of some importance.

The Psychological Clinic in the third use of the term is a course of lectures and demonstrations similar to the one I have given you to-day. Once a week, on Saturday mornings, I give a lecture at which I bring children here, present them to the class, and then talk about the situation, the kind of treatment indicated, the results of treatment in progress, etc. This is the educational feature of the work, as it may be carried on as a department of university instruction.

I have said that one feature of this work is the special class in the public schools. I am going to show you a special class, a selection of children from a single school in the city of Philadelphia. Miss Maguire is the supervising principal of the Wharton Combined School. In that school was organized a special class. She has in her school 1800 children. I believe that every school with a population of a thousand has enough children to form a special class of fifteen to twenty-five. Miss Devereux is the teacher of this special class, and the record she has made in advancing some of these children I think is a very remarkable one, and I want Miss Maguire very quickly to run over a number of the children treated in that class.

MISS MAGUIRE.

The first case is Little Mary; sent to me three years ago from the first grade. In consequence of scarlet fever and diphtheria she could not at that time talk. We took her in, and mixing with sixty children in the first grade she learned to talk a little. At the end of two years we placed her in the second grade and she seemed to go back very rapidly, because everything was out of her reach then. Mary was placed in the special class formed at that time. Her mental and physical condition was at a very low stage.

She is now entirely dismissed from the special class, is doing second-year work, and will go to the third class in June. In every way the child's improvement is decided.

H. S., three years in the first grade—practically accomplished nothing—placed in a special class. Was a year in that class and spent part of the time in regular class. Now dismissed from special class and doing good work in second year. His eyesight was in a bad condition and had to be attended to. This was the case of a boy whom a trained psychologist had graded as an imbecile. He was three or four years in the first grade.

He has been examined and glasses prescribed. They helped him marvelously. The special work in the class, hand work, and study of his own particular condition have made the most remarkable results. A wonderful change has taken place in the child's physical appearance and mental condition. I am sure that if this boy had not had special training, with study of the child himself, and hand work, there is no doubt that he would have developed into a backward child of a very low type.

This little girl was sent from a school outside three months ago. Five years in the first grade—it was not a public school, so I may speak of it frankly in this way—five years in the first grade of a parochial school. I think in the public schools something would have been done in five years. She had been allowed to remain there five years, and at the end of the time was sent home to her mother with the statement that she was developing incorrigibility. She did not look like a hopeful case when she came.

Her personal appearance improved remarkably. I hesitated a good deal in putting her into the class, but I let her go into the class three months ago. She could not read a word, could count none at all, and we first had her do things around the room. We have been training her mind and hand, and her mother told me the other day that her improvement was marvelous. She now appears to be getting some of her words, and we are gradually teaching her to read, and we are depending very much on her hand work. I believe we shall be able to put the child into the second year at the end of this year.

This little child is a boy in our first year. He has done up to this time very little in the first year, so he has been put in the special class, where the hand training appeals to him greatly. He can do very fine work with his hand. His hand work is what we depend upon. The doctor diagnosed him as cretinoid.

Rachel is nearly twelve years of age and she is in our second year, but is not doing second year work. This child seems to be the most hopeless case in our school. I do not believe we can educate her enough to have her earn her own living. Without a great deal of care her conduct would be troublesome. In the special class we are able to interest her sufficiently to hold her attention. I do not think that we can ever discharge her entirely from our special class.

Jacob is one of our very fine specimens. He was also marked by one of our examiners as very low grade, and I thought him right in that respect. This child had very poor eyesight and his physical condition was very low. He is now one of the best boys in the second grade. I think sometimes we make backward children. We should study the children and see what needs to be done. This is a good example of what can be done with a thoroughly

backward case. His physical condition was such that he could not keep up with the class. After he had been trained to think and see he could keep up with the class. He is a good student and will go through school with very little difficulty.

This child was sent from an outside school. He was sent to me after three years in the first grade. His physical condition seems to be normal. I have not found out any reason why the child should not be doing something in the first grade, but in our first class he can scarcely do anything. Even after three months of very special training his power is very limited. He learns a word with great effort, recalls it and forgets it alternately. We are uncertain as to the outcome. He does take to his hand work and we are able to train his mind quite considerably through his hand work, and within a year we may be able to show why he was as he is to-day. I am sure we can say that the work of the regular class in the school would develop a very backward boy. He does not show any symptoms physically. He plays and is happy. He was the pitcher on a baseball team, but you cannot teach him to add and subtract. I brought him out to have Dr. Witmer tell me what was the trouble.

DR. WITMER.

Miss Maguire has given us an excellent presentation of the work of the special class. It is my opinion that we need special classes in all our schools, and the success of this class I want to say is dependent not only on the teacher of the class, on the supervision of Miss Maguire, but it 'has also depended on the work of Miss Stanley, the head school nurse, who, even before the class was organized, took an interest in many of these children, and visited them in the schools. Miss Stanley brought the child Fannie here first. The success of the work with this class is therefore not only due to such work as we may be doing here, and as may be done in the public schools, but is also due to the associated work done by the medical inspectors and the trained nurses.

We were to have had the pleasure of having Dr. Neff address us this morning. I had hoped Dr. Neff would speak on the subject of medical inspection, and especially on the institution case. If the public school endeavors to take care of the institution case I believe it will make a grave mistake. And yet there are many institution cases in our public schools to-day.

Dr. Neff not being present, I shall ask District Superintendent Cornman to say a few words in regard to a school for backward children which he has organized, and also in regard to the feeble-minded children in the schools of Philadelphia.

DR. CORNMAN.

The Adams School, Darien Street, below Buttonwood, is an instructive object lesson of the need and value of special classes for backward pupils as part of the public school system. It is in a semi-slum district where a considerable proportion of the population is near or below the poverty line. Some of the children have dissolute parents, many are poorly nourished and an unusually large proportion are both physically and mentally subnormal.

Individual examination of the 250 children of the school was made about three years ago. So many backward pupils were found that it was determined to utilize the building as a special school for backward children. About 160 children of fair or good mentality were transferred to nearby schools, while the remainder were retained for further diagnosis and educational treatment in small classes. Backward children from surrounding schools were transferred to the Adams, so that it now numbers, in the third year of its existence as a special school, about 190 pupils. These are under the care of two kindergartners, six grade teachers and a teacher of woodwork and other forms of manual training. The size of class has been reduced from fifty to about twenty-five per teacher. The classes are small enough, therefore, to permit the teacher to assist the pupil in accordance with his individual needs.

The children vary in capacity from the very slow or dull, who are held under observation to determine whether they shall be placed in a regular class or not, to the distinctly backward and even to the feeble-minded. Indeed it has been found necessary to assign to one teacher a group of twenty of the latter class, every one of whom is an institutional case. The feeble-minded present a most serious problem. They should undoubtedly be under permanent custody, but existing institutions are already much overcrowded. The true functions of the special school are seriously hampered by these cases, and it is a question whether they should not be refused admittance altogether. The little that can be done for them in special school may only aid them to take a place in the world where they almost inevitably drift into vicious and dissolute ways of living. They are, however, happier in the special schools than on the street or in regular classes, and their segregation in a special school is a standing object lesson of the necessity for their institutional care. If refused admission to special school the existence of these cases is liable to be concealed or ignored and the need of public provision for them fails to be appreciated.

The results have fully justified the conversion of the Adams into a special school. About a dozen pupils each school year make such progress that they are transferred to regular schools. A few of these are fourth grade pupils (the highest grade of the school) who have earned promotion to a nearby grammar school. The majority of the pupils, however, receive the greatest benefit by remaining in the school until they reach the age when they leave to go to work.

The enrollment at the Adams School represents about 4 per cent of the number of children of school age within walking distance of the school. This percentage, though higher than that which obtains for the city as a whole owing to the special local conditions, is an indication of the great demand for special classes for backward children. For the first time in the history of public education in this city, a careful census has been taken of the mentally subnormal children in the schools. This census has been made under the direction of the Bureau of Health, acting in conjunction with the Department of Superintendence of the Public Schools. Official report of the returns has not yet been made, but the preliminary count shows about 500 denominated as "feeble-minded" in all the schools of the city. Of these about fifty are enrolled in special schools, so that special provision is made for only about one-tenth

of all the cases. About 1500 "truant or incorrigible," one-third of whom are in special schools, are enumerated, and 3000 "backward," one-tenth of whom are in special schools, are reported. The number of defectives thus listed aggregates about 5000, or approximately 3 per cent of the public elementary schools enrollment. The census is an under rather than an over estimate of the number of defective children in the city. If the same percentage obtains in parochial as in public schools, about 1500 more must be added, while many not attending school at all would also swell the total.

Such provision as has been made for the subnormal children is both crude and inadequate. The buildings are, as a rule, in poor condition and not well adapted for the work. While many of the teachers are doing admirable work, they have not, as a class, been specially trained nor selected for it. Separate institutions are needed for the permanent custody of the feeble-minded. A considerable proportion also of the truant and incorrigible class are of such a character, or have such home environment that they should be cared for in a parental school, and at least 100 additional special classes for the backward should be established. It is evident that the problem of the training of the defective child is a serious one. It is to be hoped that the report of the census by the Bureau of Health will arouse the public to an appreciation of its importance and result in adequate provision being made by the educational authorities.

At the conclusion of Dr. Cornman's address, Dr. Witmer introduced Mr. Otto T. Mallery, who read the following paper on:

*Playgrounds as a Municipal Investment in Health, Character and the
Prevention of Crime¹*

There may be some misguided persons, of course not among the membership of the Academy, who are under the impression that play is something trivial, something incidental, something unimportant done between hours of work.

Such a person may be converted to the Gospel of Play by observing a small boy standing on his head. Every muscle is under orders. His attention is concentrated and his will issuing peremptory commands to all parts of the organism. The whole boy is very much alive, keen, alert. His head, both outside and inside, is undergoing quite as great a strain as though he were studying a book. A moment's wool gathering at his books is possible without serious mental prostration, but a moment's wool gathering with his feet above his head results in physical prostration of the most ignominious sort. Play is a great mind as well as muscle builder. Self-control under stress; loyalty, obedience and fair play in team games and a sense of subordination of the individual to the welfare of the team, are all not only ideals of the playground, but ideals of character as well.

If our misguided person needs to be reinforced by observation of the other sex, he will find an unconscious missionary of the Gospel of Play in a girl of six, seated upon a pile of builders' sand in the street. The little girl has found the sand plastic. She is molding the sand, impressing her character

¹With acknowledgments to Mr. Joseph Lee.

upon it. Most of the things of the street—its filth, its standards, its diseases—impress their character upon her, whether she wishes it or not. Over the sand she is the commanding purpose, the arbiter of its shape. She is exercising her creative, her formative instinct. The child is making something, perhaps the first thing she has ever consciously made, and making things is an important part of being alive. Wherever children are gathered together, on the sands of the sea or the sands of the street, this universal creative instinct comes into action. Creation and recreation are closely allied.

The first commandment in the Gospel of Play is: "Thou shalt play with all thy mind and with all thy strength, and with thy neighbor as well as by thyself." This is implied in "Thou shalt love thy neighbor as thyself," for psychologists and experience alike tell us that in group play our social affections are first developed. So in many other directions the influence of play upon the normal growth of the character and health of a child is traceable. Play is as necessary to a child as light and air to a growing plant, and yet modern industrial conditions have deprived the majority of city children of the exercise of this universal instinct in its proper form. "In the planning of our cities the children have been left out," and as a result American municipalities have serious social problems to solve.

One hundred and seventy-seven American cities have opened supervised playgrounds, and the playground movement has gained its impetus upon the sound argument that playgrounds are a good municipal investment in health, character and prevention of crime.

Chicago has spent \$11,000,000 upon a system of playgrounds which Theodore Roosevelt describes as "the greatest civic achievement of the age." One-tenth of the area of the city of Boston is devoted to parks, playgrounds and bathing beaches. The administration has undertaken the development of the children with the same care upon the physical as upon the educational side. New York demolished a block of tenements at a cost of nearly \$2,000,000 and established a playground upon the site. Where once several murders were committed each week, now a thousand children are playing each day. New standards have been set up and the influence of the playground is felt throughout the neighborhood. Other smaller cities have made great strides towards an adequate playground system, which shall offer healthful organized activity to every child.

The influence of playgrounds upon civic health is obvious. The International Tuberculosis Conference has placed playgrounds as an important plank in its platform. Backward children are often found to be handicapped solely by lack of physical development. The increase of vitality gained upon the playground shows itself in increased efficiency in the school room. In Philadelphia it is estimated that 20 per cent of the school funds are spent upon children who are going over the same work for the second or third time. The cost of the repeater is great. The playground reduces the number and cost of the repeater.

When England underwent an industrial transformation at the end of the eighteenth century the population flocked to the towns and were herded in unsanitary and deteriorating congestion. No municipal care was undertaken.

According to the individualistic theory, the fittest would survive. The submerged tenth, however, had its origin. Breeding took place from lower and lower physical and moral levels. As a result, when the debilitated city dwellers marched upon the plain of South Africa, they dragged out the Boer War and threatened the fall of the British Empire. The same city congestion is an American problem to-day. Playgrounds provide a means of raising the average vitality of the community. Hospitals will always be necessary, but a playground opened to-day saves the opening of a hospital to-morrow. On the score of economy of money and industrial efficiency playgrounds are a good municipal investment.

The games of the street teach shrewdness and cunning. Every boy is for himself. There are no rules except to win at all costs. On the playground, under proper supervision, new standards are inculcated. In team games a boy learns to work for the welfare of the team, rather than for himself. It is a great step forward to fight as a member of the team for the honor of the neighborhood, rather than for oneself against every one else in the neighborhood. The ideals of the playground are fair play and self-government. The relation to the ideals of good citizenship is not difficult to see.

When a certain playground was first opened the bats and balls began to disappear, leaving that many less for use. Searching parties were formed and one by one recalcitrant offenders were rounded up and the bats and balls ferreted out. Now the community sense has so far developed that the bats and balls are guarded as community property with a greater vigor and success than transportation and lighting franchises are retained for the community's benefit by those who have lived longer in this world.

So much of a human being's character is formed in play that it is quite to be expected that much character is deformed, degraded and twisted and perverted where wholesome play is prevented. A boy is much like a boiler—full of restless energy which must find an outlet. The boy's safety valve is play, and much of what we call juvenile crime is merely play energy gone wrong. Give the boy the game to play, give him exciting feats to perform on the flying rings and trapeze and the juvenile court will be deserted for the public playground.

The boy in the street who throws most energy into knocking out a window or a policeman is the same boy who on the playground throws the most energy into knocking out a home run. The boy who most successfully steals a cabbage from the corner grocery is the same boy who most successfully steals a base in the ball game. The stolen cabbage is a test of wits and legs against the policeman, who in his capacity of catcher is apparently provided for that very purpose. The stolen base is a test of wits and legs, with no after effects on the runner or catcher in the juvenile court, reformatory or prison. The boy who leads the gang of hoodlums against the blue-coated symbol of the law is the same boy who, under other conditions, leads the playground to order and fair play. The personal force is the same. The difference lies in the direction of its application.

In a certain district in Chicago the number of cases in the juvenile court

decreased one-half after a playground had been established. Everywhere the testimony of judges, supervisors and social workers is to similar results.

The test of economy again holds good. A playground is cheaper than a jail. Play is more attractive than vice, and the prevention of crime by the provision of a preferable substitute is a demonstrably sane and practicable municipal investment.

When public opinion intelligently and forcibly demands, the funds are always forthcoming. The cost of an adequate playground system is a large item in the budget, and agitation must now concentrate upon this phase in order that the foundations may be laid for a robust motherhood and a vigorous citizenship for the next generation of city dwellers.

Dr. Witmer introduced Miss Ogilvie, head of the Social Service Department of the University Hospital, who said:

This hospital service is very new, so new as not to be known by many of the other hospitals in this city. It was started three years ago in the outpatient department of the Massachusetts General Hospital, and has become almost indispensable and so popular as to be established in at least fifteen of the large hospitals in the East. I do not know of any of the western hospitals, except one in Chicago, which has it.

We started the work in the University Hospital just eighteen months ago, as an experiment, and after twelve months we decided it was of sufficient account to be made a permanent department of the hospital. During the first twelve months we spent most of our energy in what was most important to us, the tuberculosis work. Nearly a third of our patients were cases of tuberculosis. We gave instruction in hygiene, arranged for home treatment where we could, and where it was possible and the cases were suitable we sent them to sanatoria or hospitals.

Another department of that work was securing proper employment for people who have tuberculosis. Just this morning I had a letter from a certain sanitarium asking if I could not send them a probationary nurse who might have tuberculosis in an incipient stage. They wrote that the nurse we sent three months ago had done such good work that they wanted another. While the work along this line seemed at times rather hopeless, we have accomplished a good deal.

We have a great many neurotic cases and a great many cases with the simple request that we cheer them up. Sometimes the doctor could find no reason for the symptoms they had. Only yesterday we had a case of hysteria at the office. We tried to give her some good cheer.

We have not really established that part of the work known as social therapeutics, in the way that Dr. Worcester is doing it in Massachusetts in the Emmanuel Church Movement, and yet I may say that we do a great deal of good right along the line of suggestion. It is of course impossible to state just how much good we have done, sitting in the office and giving advice to the people, instilling some hope into them and helping them along in the journey of life.

To me the most interesting part of the work is the "steering" or conducting patients through the dispensary, sent from other sources. Last year we

had only 366 cases altogether, but 131 of them were patients sent in by other agencies to be conducted through, with the request that we send a report back. A good many were children and came mostly from the University Settlement House, the Society for Organizing Charity and Dr. Witmer's Psychological Clinic. There were also some cases from the S. P. C. C. Perhaps you do not know, most of you, what it means to take a child so sent in, make a special case of him, and see that he gets the very best medical attention. I always try to see that the chief of a medical dispensary examines the child and gives the treatment. It is a little hard to get hold of the chief. He is always busy, but if possible I have Dr. Fussell see the child. We get his very expert diagnosis, treatment and advice, and we then take the child to the next dispensary, if necessary. For a long time doctors dealt with these cases with a feeling of hopelessness, because there was no one interested in them. Now that there are several persons interested in these cases, the doctor is willing to do his best, with the assurance that he will have intelligent co-operation, whereas before this bureau was established he had no means of knowing whether his orders would be carried out or not. If the patients were able to pay \$25.00 for the advice of a specialist they could not be better attended to than they are at the dispensary.

Last year a boy was sent to us by Dr. Witmer. Like most of the cases he sends us, this boy was about twelve years old. We sent the boy through five dispensaries, four in one day. It took a good deal of work to see that he was examined first at one dispensary, and in the last he waited a little later and was seen. After he had been examined in five dispensaries, it was found in four of them that he had some positive defect or ailment, for which he received treatment.

This boy had quite a remarkable propensity for lying and stealing, and it is hardly necessary to say that his morals have improved to a great extent.

As for this little girl Fannie, I cannot tell you how many dispensaries she has been through, but I went with her to many.

She has a sister (Rose) sixteen years old. From her attitude and the hopeless expression on her face you would think her a woman of 60 or 65, that she had a dozen diseases and had lost her last child. When she came into the dispensary people remarked about her, saying, "Who is that poor girl?" She had been through at least five dispensaries and is always talking about her ailments. I found her living in the rear of a squalid tenement house, with no open space excepting an alley about eighteen inches wide. Her family might have a little air, but they keep the windows almost hermetically sealed, and three, four or five people sleep in one room. They have three rooms, one above another.

We succeeded in enlisting the interest of the Jewish Young Women's Union, and one of their workers is now arranging to place this girl, if the consent of the parents can be obtained, in a country home for a term of years.

Unless we go into the homes, in most cases we do not accomplish much. When we are asked either by the patients or by the doctors to go into the home we go, sometimes co-operating with another agency. Only yesterday I secured groceries from another agency for a destitute family.

DR. WITMER: There has been in the City of Philadelphia for some years a psychological clinic. It was not called that, but the Magistrate's Office. We have with us Magistrate Gorman, who made his work, in connection with the Juvenile Court, the work of a clinical psychologist.

MAGISTRATE GORMAN.

I must say this in answer to the very complimentary and eulogistic introduction of Professor Witmer, that it shows how necessary the branch of study in which he is the pioneer is to the community, when I tell you that notwithstanding the efforts that I have made in this direction, after I have done all I can, I am still compelled to send cases to Dr. Witmer.

I believe that I was to talk upon the Juvenile Court. I doubt very much whether you could spare me the time even to speak briefly on that subject. You have heard much that pertains to the good of the children, in all its various branches, and the Juvenile Court, as it was demonstrated in the two years and nine months when I had the honor of presiding, shows the real reasons why these children should be the subject of our special attention.

If you sat with me in the magistrate's office at the House of Detention, and saw day after day the cases of unfortunate children, I doubt very much whether you, like myself, would not be willing to devote your life to them. You might find there four or five small children with a father taken away by death, the mother bound to her children by natural affection, and willing to make any sacrifice to keep that flock together—locking them in in the daytime—sometimes not locking them in but permitting them to run the streets, and taking the chances of their going to school or not.

If we do not take up the child in his youth and give him what it was intended every child should have, that care, physical, moral and religious, we are neglecting a duty; and I have maintained again and again that the hundreds of thousands of adult prisoners who travel around in that terrible circle before the magistrates to-day are nothing more nor less than the neglected children of past generations. Are we going to have this dreadful line continued indefinitely and interminably?

It is greatly to be hoped that we are approaching the time when we will not have recorded, as we had at the beginning of this year in the annual report of the superintendent of our police, that there were 50,000 arrests made in Philadelphia during the year 1908. I am prepared to say with authority, that there would not have been 10,000 persons arrested by the police of Philadelphia were it not for the fact that they were the neglected and unfortunate children of past generations.

If I were to discuss the Juvenile Court, I would have to speak of its history, of its purposes and of its achievement. Its history in Philadelphia is like its history all over the United States. It is indeed a compliment to us as American citizens that we have had among us during the past four years, representatives from almost every foreign country coming to study and investigate the Juvenile Court System of the United States.

The Juvenile Court idea was practically first conceived in Philadelphia. The first thought was of a separate house, where these little children could

be kept apart from adults. It was not conceived by any public official, but by the Rev. Mr. Camp, who went to the prisons of Philadelphia and saw there sights which could not fail to elicit his charity. He gathered together a number of people in Philadelphia, Mr. Barnes of old Christ Church and several other equally philanthropic men, and they had a bill passed establishing the House of Detention, providing \$25,000.00 was subscribed. Up to 1903 there was not \$25,000.00 to provide for a House of Detention. After a second bill passed, we commenced operations in 1906.

From 1906 to the present time I have had the pleasure to stand as the attorney and friend of the boy, and that is the only pleasure there was about it. It was an honor also to represent a new system. In the two years and nine months I was there I heard every boy,—who was not discharged by the lieutenant or “a friend,”—every boy that was arrested and sent to the House of Detention. During those two years and nine months I had 14,000 boys and girls before me in the House of Detention, and out of that 14,000 I had about 100 bad boys and girls; the rest were the victims of causes over which the child had absolutely no control. Out of the 14,000 who were in the Magistrate’s Court, less than 4000 were returned to the Juvenile Court, and I am proud of it. If I were back there again there would not be so many.

Less than 4000—and here is something to which I wish to devote a thought, because it is important. While we were the first city in the world to attempt to make history in this magnificent movement, we are the last and least efficient in developing that movement. We have a system in the city of Philadelphia such as exists nowhere else in these United States. It is without logic, without system and without result. In this city, after the case is heard and sent into court, it is sent before the judge of the Juvenile Court. We have fifteen judges and one sits each month. When I tell you that each of these judges sits but four out of the 365 days to hear the cases of children sent from the Juvenile Court, what good can you expect to be done for the child?

The judges do their duty wonderfully well. This complaint is against the citizen. It is necessary that the judge should go along with the child from his first appearance in the Juvenile Court until he finds a place in some worthy home, or institution, but to sit but four days in the year and think you are accomplishing some good, does not appeal to me as being a very systematic, efficient or logical way of clearing up this problem.

What is the result? A boy appears before me and is discharged. He appears a second time in a month. He might be discharged. A third time he returns, and now I am quite sure he means to be bad. He is sent into the Juvenile Court and is sent home on probation. Sometimes it is good for him and sometimes it is not. It is good when there is a probation officer to follow up the child, but if the child is meeting the probation officer once a week and is enjoying pink tea, while the probation officer does not know he has run away from home, you could not consider that good probationary work.

Then after that he is in for the fourth time. The court thinks him a

very bad boy, and says, "We will send him to the Protectory," or "We will send him to the House of Refuge," or some other reformatory institution. He may stay three or six months. If he runs away it is nobody's business to look after him. He comes back to the city, and after three or four months he gets in trouble again and goes before another judge, who sends him home once more on probation.

I want to say one word about our school system, since three have spoken about it. They have spoken about the special school, and I think this will be of interest to everyone connected with this movement. I believe with those who know anything about these unfortunate children, that there is but one grand defect in our school system. I do not agree with Mr. Cornman that much good is done by our special schools. I think they are breeding spots for crime. While they were originally intended to be schools for backward children or truant children, now those who are mentally deficient and morally deficient are sent to these schools, so that the backward children are mixed up with a lot of bad boys, and it does not require much thought to see what way those truants and backward boys are going. My experience is from the number I have dealt with, that the morally delinquent models the character of the other boys, and where you have one moral delinquent you have five others made so because of contact with him. My statistics show that within one year I have had 200 boys from special schools before me. There are 1200 in the special schools. That is just one-sixth, or $16\frac{2}{3}$ per cent, whom I have had in the magistrate's office, arrested for some delinquency, who were members of a special school. This proves the charge I make that special schools should be restricted, or else they should be done away with altogether, and other schools put in their places. Miss Maguire has solved it as far as it can be solved without the Board of Education,—that is, to have a special class where the backward boy or truant is put under special care such as Dr. Witmer has explained this morning, instead of making new morally delinquent boys out of the others in the same class.

I hope that your good work will result in the redemption, rejuvenation and repair of all our poor unfortunate children.

Mr. Edwin D. Solenberger was then introduced and spoke as follows:

The Pennsylvania Children's Aid Society, in common with other child-caring agencies finds that the homes from which its children come are much below the standard of the average home in the community. It is the rule rather than the exception to find that the physical, mental and moral development of children from such homes has been neglected to a greater or less extent. If the father has died leaving the mother with the burden of the support of the children or if the mother has died leaving the father a widower under the necessity of employing a poor housekeeper or placing his children to board with irresponsible persons, the children are likely to be still further neglected. The same result is likely to follow if the domestic life is shattered by the separation of the parents or by the immorality or desertion of one or the other. If either parent is stricken with a disease resulting in chronic illness of greater or less duration, the chances for proper

parental attention to the children are greatly lessened. An industrial depression resulting in the idleness of the bread winners of the family still further decreases the chances of the children for proper care. The very fact that children are brought to the attention of child-caring agencies of any kind is often evidence in itself that the parents are lacking in intelligence or efficiency in the proper care of their own children. Unfortunately we have usually to add to the lack of proper care on the part of the parents, bad housing conditions and unfavorable neighborhood surroundings.

These untoward conditions for the proper development and training of children are unfortunately not of short duration. Children are not usually made dependent, destitute, delinquent or reduced to a state of neglect in a day. It is generally a long and gradual descent downward until the family is finally so demoralized as to call for intervention on the part of some public or private child-saving agency.

From such sources as these, boys and girls come through the juvenile courts, from the almshouses, from the societies to protect children from cruelty, and from charitable associations, to be placed out in family homes by children's aid societies or cared for in institutions. Is not this statement of sources from which the children are received a sufficient and urgent reason for making use of every available facility to help to arrive at a complete knowledge of the physical, mental and moral development of the child as a basis for wise action in providing care and treatment? Some method of examination, observation and study of the child such as is made possible through the Psychological Clinic conducted by Dr. Witmer at the University of Pennsylvania is of great value in a large number of cases. It is needed to supplement and complete the physical examination of the child made by the doctor. It is only by some such method as this that we can secure the proper interpretation and understanding of many of the physical defects which the doctor notes in his examination. On the other hand, after an examination, study and observation of the child by a trained psychologist, a further examination and study of the child by a doctor in the light of what the psychologist has discovered is frequently of great help to both in their treatment of the case. Surely it is important in order to deal properly with the child to have a diagnosis made with respect to its memory, judgment, reason and general mental development. This is particularly true in view of the fact that such a large number of children dealt with by child-caring agencies are abnormal or subnormal by predisposition on account of their bad inheritance and unfavorable environment. The study and observation of children by the psychological clinic methods enables the child-helping agency to adapt its care and training to the needs of the child. It helps us to distinguish between permanent and temporary abnormalities; between characteristics of deficiency and characteristics of backwardness; and, between deficit and surplus in the mental development of the child.

Progressive children's agencies have long since recognized the value of a careful investigation by which they mean chiefly a study of the social and industrial relations of the family whose children are to be the objects of their care. There has also been a recognition to some extent of the value

of a doctor's examination of such children in order to guard against contagious disease and to protect the institution or society from receiving into its care the physically unfit. Should we not recognize the necessity of dealing with the child as a whole and considering not merely the social and industrial aspects of the family from which he comes and the more obvious physical conditions of the child, but also the finer and subtler question of his mental and moral development? Universities have already established experiment stations for the study of domestic animals and vegetation of all kinds. Bulletins of information are sent out to stock-raisers and farmers. Biology, chemistry and geology and other sciences have made some contribution toward the improvement of live stock, fruit and grain. May we not reasonably demand and expect some help toward the improvement of our methods of care and treatment of children from the psychologist, as well as from the doctor and the social worker.